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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number 09/886,613

Filing Date June 22, 2001

First Named Inventor Benjamin Kane RECEIVED

Group Art Unit 3625

Examiner Name R. Rhode JUL 6 2004

Attorney Docket Number 19693.0002

To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified application. The reasons for this request are: Failure of applicant to communicate with or provide payments to the undersigned. 1. 

The correspondence address is NOT affected by this withdrawal. **CORRESPONDENCE ADDRESS** Place Customer Number Customer Number Bar Code Label here OR Firm or Mr. Robert Krause, Globecom Interactive Individual Name Address 12310 Pinecrest Road Address Suite 200 ZIP State VA 20191 City Reston Country USA (703) 621-4500 Ext. 131 Fax (703) 621-4477 Telephone This request is enclosed in triplicate. John P. Moran Name Signature Date NOTE: Withdrawal is effective when approved rather than when received Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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